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The Relationship Between Juvenile Alcohol Abuse, Depression, and Violence

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Julianna Ferguson

Chapter 1: The Problem of Juvenile Violence and Delinquency

Fortunately, the prevalence of serious violent crime among juveniles (ages 17 and under) is very small. Most offenses committed by juveniles are minor offenses, including larceny-theft, liquor law violations, and petty drug offenses (Regoli et al., 2017). These types of minor offenses make up the bulk of all juvenile delinquency. However, the small percentage of serious juvenile crime and violence is what concerns law enforcement, the federal government, and sociologists the most. Research shows that crime is very common and even perceived as being normal for individuals during adolescence (Leal and Mier 2017; Tibbetts and Daigle 2008). Crime typically associated with teenagers depends on the situation, like an instance of peer pressure for example.

Crime trends are very unpredictable, making it increasingly difficult to measure effectively. For example, juvenile delinquency is measured using police contacts or arrest data through the Uniform Crime Report, victimization surveys like the National Crime Victimization Survey, and self-report studies (Regoli pgs 31-37). However, notable discrepancies in these measurements exist due to the underreporting of crime and the influence of racial bias. To put things into perspective, youth violence has actually declined even though media headlines continue to feature violent juveniles as vicious “super predators” (Krisberg 2017:3). Researchers mistakenly interpreted the upsurge of juvenile violence along with a growth in juvenile population during the 1980s to early 1990s as a signal for increased juvenile violence in the future (Krisberg pg 3). However, during the early 2000s until 2014, juvenile violence actually dropped by a rate of 43% (Regoli Section 1). During the years of 2005 to 2014, the juvenile homicide rate declined 45%, rapes declined 16%, robberies declined 34%, and aggravated assaults declined 49%

(Regoli Section 1). Even with the steady drop of juvenile violence in the United States since 1944, recent acts of adolescent violence has become worrisome to society.

Adolescent offending is known to fade in the early 20s (Leal and Mier 2017). More specifically, according to Terrie E. Moffitt, crime decreases about 50% in the early 20s, and even 85% once age 28 comes around (Moffitt 1993). Moffitt's well recognized theory of developmental taxonomy presents the classification of two distinct categories of offenders. The adolescence-limited offender represents the type of offender that I just described above. On the other hand, Moffitt distinguishes adolescence-limited offenders from life-course persistent-offenders/chronic offenders. Life-course-persistent offenders resemble rare cases of serious and violent individuals who initially begin offending during early childhood continue to offend throughout one's teens, 20s, 30s, and even into one's 40s (Jolliffe, Farrington, Piquero 2017, Moffitt 1993).

I chose to focus my studies on juveniles because of the urgency factor that goes along with juvenile violence, especially concerning potential life-course-persistent offenders. There is a sense of urgency to apply research and policy to the types of juveniles who are more likely to be identified as life-course-persistent offenders, because recognizing the risk factors at a young age can decrease the likelihood of future offending. Fortunately, by decreasing one's chance of acquiring future offenses, the cost of physical, emotional, and financial damage in society can also be expected to decline considerably (Jolliffe, Farrington, and Piquero 2017).

Everyone can admit that the violent and gruesome news stories from the media are the most eye-catching. Then add in a child offender to the picture, and it's obviously even more chilling and disturbing. Many people may wonder why a 17-year-old boy

could ever kill his fellow classmate, or how a group of 15-year-old boys could assault and rape a teenage girl. These questions do not concern the broad social factors of why did he or she commit this horrible sin, but they concern the specific circumstances that shaped these offenders as they were growing up. What was his or her childhood experience like? Were there influential disadvantages involved?

One reason why criminology and delinquency are subfields of sociology is that criminal behavior is a problem of socialization. Adverse childhood experiences are defined as intense and damaging disadvantages that children experience as they grow up, which further go on to heighten the risk of behavioral and social issues for juveniles as they grow and develop (Fox 2015). ACEs are so powerful that they can even intensely influence juveniles who are non-offenders to commit offenses in adulthood later on (Barrett 2016). The argument that presents disadvantages in ones family structure as a strong indicator of crime in individuals is especially significant for the case of life-course-persistent offenders. Life-course-persistent offenders constantly identify as victims of severe physical, mental, and sexual abuse (Jolliffe, Farrington, Piquero 2017, Moffitt 1993). Childhood abuse and neglect increases a juvenile's risk of being arrested for a violent offense by a rate of 59% (Regoli Section 1). Fox (2015) connects severe and aggressive behavior with psychological impairment resulting from childhood abuse and neglect. The Rochester Youth Developmental Study provided evidence for this relation. Abused children between the ages 14 and 18 in this study were 200% more likely to be violent individuals (Fox 2015).

A variety of negative consequences dealing with neurological development are affected by childhood abuse trauma. Adverse childhood experiences produce an overload

of growth hormones, amino acids, and adrenal steroids that create perpetual, damaging functional, behavioral, and emotional reactions in individuals (Fox 2015). Impulsive decision-making as a result of neurophysiological damage from child abuse and neglect is directly linked to violence (Moffitt 1993). Fox (2015) studied the prevalence of several additional adverse childhood experiences along with abuse and neglect among groups of chronic offenders and “one and done” offenders. These other ACE’s included family violence, substance abuse, incarceration and mental illness. The results directly pointed in the direction of chronic offenders. The more ACE’s a child had against them, the higher their chances were of developing into a life-course-persistent offender (Fox 2015). Therefore, chronic offenders epitomize the children who grow up in a disadvantaged parental/family atmosphere, which negatively disturbs their personality and heightens their social conflict (McGloin 2011).

Many life-course-persistent offenders come in contact with plenty other negative childhood experiences that contribute to their serious and violent conduct. Children of parents involved in gangs, crime, or substance abuse are also high contenders of chronic delinquency (Regoli Section 1). A lack of parental bonding during infancy, low family income, increases in constraint, personal alcohol and drug use, family conflict, teen single motherhood, poor housing, broken families, failure in school, and deviant peers are all additional risk factors to consider for chronic delinquency (Regoli Section 1). Since life-course-persistent offenders start offending at a very young age in their lives, they are more likely to experience major disturbances in school, friendship interactions, and family settings. Juveniles who suffer from neurological functioning due to traumatic abuse, neglect, poverty, and other unhealthy lifestyles end up performing worse in

language and reading skills in school (Regoli Section 1). It is quite logical to predict that these children become easily discouraged with their poor performances, and don't have access to adequate help in these areas once they return home. Parents who are in and out of jail or always involved in conflict or substance abuse tend to not be suitable role models for their children. In school culture, disruptive youths are most likely stigmatized by teachers and administration, along with their classmates as well. McGloin (2011) addresses peer stigmatization by pointing out that chronic offenders have a greater likelihood of forming ties with other chronic offenders and regular offenders since other law-abiding peers usually abandon them. "When individuals prone toward delinquency associate with one another, this could naturally lead to spontaneous group offending because of shared deviant motivations and opportunities" (McGloin 2011).

Parenting methods and being in foster care/child protective services are also specific characteristics of serious offenders later on in life. Every research source that I have examined always emphasizes the importance of parental bonds and family structure in paving the path to positive social conduct. According to Barrett (2017), juveniles arrested one time for a misdemeanor were far more likely to be referred to child protective services or have experience as a foster child than non-delinquents. Furthermore, these same juveniles were more at risk of getting arrested as an adult for a felony (Barrett 2017). Affiliation with foster care and child protective services directly relate to an emotional disconnection between children and parents. Barrett fluently explains the necessary role of parental-child education concerning the values of empathy and respect, "It is clear that an important aspect of delinquency prevention is the encouragement of the young child's emotional

understanding of the effects of his or her actions on others and that this must begin in the first years of life” (Barrett 2017). Additionally, fair and rational parental disciplinary methods are significant for reducing violent delinquency and increasing juvenile morality. Beneficial parenting techniques like the authoritative/inductive method are known to use reasoning to explain right vs. wrong, improve empathetic and guilty feelings, and reduce juvenile delinquency (Ishoy 2017). This form of parenting/disciplinary action is crucial in developing the building blocks for teaching children to treat each other with respect, practice self-regulation of behavior, and be able to accept norms of society (Barrett 2017).

Thornberry and Krohn’s interactional perspective theory focuses on the intense adverse childhood experiences that negatively affects a family (Loeber and Farrington 2011). These ACEs resemble parental stressors like single parenthood, household crowdedness, low family income, broken family, incarcerated parent, alcohol and drug abuse, or some sort of family conflict (Loeber and Farrington 2011). Thornberry and Krohn’s theory emphasizes the extreme strain that parents endure as a result of their disadvantaged circumstances. Sometimes the strain of life stressors directly impairs individual's parenting skills (Loeber and Farrington 2011).

Consequently, many children who grow up in these living conditions experience inadequate parenting techniques and a lack of proper family management (Loeber and Farrington 2011). These discrepancies in parenting are usually instances of coercive disciplinary methods and weak parental-child bonds that trigger undesirable behavioral characteristics in young children (Loeber and Farrington 2011). Therefore, these individual behavioral problems like aggressive tendencies, impulsivity, negative outlooks

on life, and insensitivity increases the probability of early childhood criminality (Loeber and Farrington 2011).

Exposure to violence through first-hand witnessing, living in high crime neighborhoods, gang and firearm influence, and family/friends criminality negatively affects juvenile development. In McKelvey's (2015) study, 728 children provided self-report data at certain ages throughout their span of childhood to age 18. Also, their families provided caregiver report data twice during this same span of time. These samples were taken from a majority of big cities and their surrounding neighborhoods. A noticeable link was found between juveniles who grew up in violent communities and also experienced family bonding. After repeated empirical research, this study showed that a combination of community violence and a lack of family bonding and parental support in one's youth and adolescence predict higher outcomes of depression, anxiety, aggression, and impair psychological and social behavioral development (McKelvey 2015). These outcomes in turn prompt greater offending among juveniles. This study highlights the significance of appropriate family care and support. The only downfall of this study is that it failed to include any specific measurement of the various violence juveniles witnessed in their neighborhoods. There was also no record of how severe and recurrent the experienced violence had been (McKelvey 2015). This limitation exists because data regarding neighborhood violence came from caregiver reports, and not from the juvenile themselves. I am a big fan of this study as well because it clearly reflects what I learned about in my juvenile delinquency class last semester when we had a Skype call lecture with Seth Adam Meinero, a National Violent-Crime Coordinator at the Executive Office for United States Attorneys. Meinero explained the common issue that involves

juveniles who suffer from little to no parental/family cohesion and support that live in or near violent, crime-ridden communities with possible gang presence. Living in a single parent household is usually a key characteristic of juveniles involved in gangs, because their main system of support most likely works a vast amount and is rarely around to care for their child (Lawrence Gang Awareness 2011). Therefore, these children have way too much freedom and quite often fall prey to the gang lifestyle.

Gangs and firearm use are usually associated with extremely severe and violent crime. Gang members are infamous for their frequent offending of murder, rapes, sexual assaults, robberies, and aggravated assaults, which classify them as chronic offenders (Regoli 2017). Recent data from the FBI Supplemental Homicide Reports state that juvenile gang members account for 5-7% of all murders a year, as well as 8-10% of firearm involved murders a year (Regoli 2017). Going back to the topic of ACE's, gang members are distinguished for their fatal combination of disadvantaged family history, which later contribute to deficiencies in brain functioning and behavior (Regoli 2017).

Seth Adam Meinero focused mainly on both MS-13 and 18th street gangs originally from Los Angeles, California, which have Central American influence. Along with other gangs, both of these prey on vulnerable middle school and high school kids who are usually bullied at school, outsiders, recent immigrants trying to find their identities, and kids who are frequently isolated from their parents (Seth Adam Meinero lecture 2016). Gang Prevention Specialist Lawrence Fernandez reports that one of the central sources of juvenile gang involvement is the result of little to no parental supervision and the absence of positive mentors in their lives (Madera Tribune). Gang recruiters seductively lure these susceptible students by glamorizing the sense of family

and camaraderie of the gang, while charming them with fantasies of endless partying, alcohol, drugs, sex, and weapons (Seth Adam Meinero lecture 2016). For many juveniles, being a part of a gang is a glorified lifestyle and preferred fate. Unfortunately, teens have no choice but to join, because in some circumstances gangs will threaten both the teen's life and families lives (Seth Adam Meinero lecture 2016). Gang culture itself has crime and illegal business written all over it, as well as the common occurrence of gun violence. The gang rules and mottos encourage immoral behavior like killing, stealing, raping, and beating (Seth Adam Meinero lecture 2016). These behaviors become the expected way of life among all individuals.

Some juveniles who have frequently felt vulnerable in their violent neighborhoods believed that joining a gang was necessary for their survival (McCord 2001). Blumstein explains the course of gun escalation perfectly, "As more guns appear in the community, the incentive for any single individual to arm himself increases" (McCord 2001). This quote pairs up nicely with the construct theory of delinquency, which explains that juveniles and chronic offenders become conditioned to viewing firearm use and delinquent behavior as a suitable lifestyle (National Institute of Justice 2008). Juveniles are the main targets for gangs because they are impressionable, immature, and easily influenced. Gangs are more likely to recruit young people because as juveniles in the justice system they cannot be punished as harshly as adults (Lawrence Gang Awareness 2011). In a community where crime becomes the norm, and the fear of guns is nonexistent, there will be lethal consequences. With the prevalence of gangs in a majority of states in America, juveniles constantly remain a desirable target. Many

aggravated assault and murder charges can be traced back to 16 and 17 year old kids in both of these notorious vicious gangs (Seth Adam Meinero lecture 2016).

With a majority of white males around the age of 18 representing the bulk of juvenile homicides committed with firearms, the question is how are they getting these weapons so easily? The Office of Juvenile Justice and Delinquency Prevention presented a research study that looked at former arrested juveniles from 11 urban regions. About one-third of these juvenile gang affiliates claimed they carried a gun with them a majority of the time (Fighting Juvenile Gun Violence 2000). This statistic clearly reveals how a good segment of gang members regularly carry a gun. However, this study only represented 11 urban areas in the U.S., as it failed to take into consideration the remaining 39 states. The abundance of Sureño gangs across the United States accounts for this underrepresentation, as MS-13 is present in at least 42 U.S. states, and 18th Street resides in at least 17 U.S. states (Seth Adam Meinero lecture 2016) The ease of gun accessibility in the U.S. does not only affect juveniles in gangs, but juveniles in general as well. President Obama expresses his concern by how simple it is for young children to purchase a gun from someone off the street, “There are neighborhoods around the country where it is easier for a 12 or 13 year old to purchase a gun, and cheaper, that it is for them to get a book” (CNN.com 2016). This quote made by President Obama during Anderson Cooper’s Town Hall Meeting “Guns in America” primer on CNN immediately spoke to me. In this excerpt from the Town Hall Meeting, President Obama specifically describes the rampant gun distribution environment of inner cities like Chicago and Atlanta,

30, 40 percent of those guns [in Chicago] are coming from Indiana across the

border, where there are much laxer laws, and so folks will go to a gun show and purchase a whole bunch of firearms, put them in a van, drive up...open up the trunk, and those things are for sale (CNN.com 2017).

He has made it clear many times that the gun show loophole is negatively affecting young children in the United States.

Illegal gun selling on the streets is not the only way juveniles can gain access to firearms. It is estimated that one third of all youth living in the U.S. occupy households with a firearm in it (Regoli 2017). In Wilcox and Clayton's survey study of 6,000 students between grades 6 and 12, nonwhites had a 50% higher rate of bringing a weapon to school. One of the many reasons for this was based on the fact that their parents were gun owners themselves (Regoli 2017). The differential association theory explains how crime and firearm carrying is demonstrated by learned behavior from one's family members or friends (National Institute of Justice 2008). According to Regoli (2017), adult gun ownership is a likely cause of juvenile gun ownership. With an abundance of guns out there among our society's adult population, this increases the chances of juveniles to make the decision to carry a gun over other existing weapons (Regoli 2017).

Another popular gun access route includes friends, which is also part of the differential association theory. Sheley and Wright's juvenile gun access study showed that almost a majority of both the students and incarcerated juveniles they sampled got their firearm from either a friend or family member (Regoli 2017). This same scenario was mirrored for a survey of incarcerated adults; as 40% of them 24 or younger claimed that they used a gun from a family member or friend during their most recent felony

(Regoli 2017). According to this study, 84% of the incarcerated juveniles in the sample had previously been threatened by gun violence or actually been shot at (Regoli 2017). It is clear that with almost no effort at all juveniles have the capability of getting their hands on a firearm. These are the juveniles who have higher risks of committing serious and violent crime, and suffer from firearm victimization themselves.

Lastly, the Pittsburgh Youth Study sums up the major theme of gun culture and its increased predictor of brutal behavior associated with life-course-persistent offenders. This study tracked the criminal behavior of three cohorts of youth boys in 1988. Juvenile boys with weapons convictions were 3 times more likely to commit a homicide and 10 times more likely to commit an act of robbery. Gang and drug affiliation, lack of family bonding and support, the need to feel protected in violent neighborhoods, victimization, and the gun show loophole are all factors for juvenile gun use and accessibility. All of these negative circumstances expose juveniles to violence and can sometimes prompt violence in the juvenile's future. The multitude of ACEs and specific situations of childhood exposure to violence represent the fundamental triggers of violent behavior performed by juveniles during adolescence and sometimes extending into adulthood.

Chapter 2: The History of the United States Juvenile Justice System

It is important to review the history of the juvenile justice system because it helps establish the origin of juvenile delinquency policies and practices. The history of the system shows us what has worked in preventing juvenile crime and mental illness. It also allows us to figure out the best options for handling juvenile crime and mental illness. Hopefully, by looking at the history we can learn from the past and create a better future.

The development of the juvenile justice system in the U.S. can be characterized by a series of successes and failures. In order to understand the current juvenile justice system, we must first examine the relationship between cultural, economic, social, and political change and conflict. The industrial revolution and emergence of capitalism weakened the family-based industry and family disciplinary system (Krisberg 2018). For example, large amounts of families had no choice but to move to cities and work long hours in the factories. Children were desired targets for factory laborers since they were recognized as “cheap labor”. The occurrence of the child labor exploitation starts with African slaves (mostly children) and Native American children. Following these two “out-groups” were Irish immigrant children and colonial children in North. In the late 1700s, early 1800s, poverty, racism, discrimination became reality for these societal out groups, while middle and upper class Americans enjoyed great wealth, high social status, and opportunity. A constant fear of lower class uprising and increased crime led to the establishment of the first institutions used for the purposes of juvenile delinquency (Krisberg 2018).

Children seven years of age and older were allowed to be criminally prosecuted and sentenced to prison with adults, and were even given the death penalty on rare occasions (Bilchik 1999). However, a group of conservative reformers known as the Society of the Prevention of Pauperism strongly believed that combining children and adults in one institution was too dangerous and that children were too young and immature for adult prison conditions (McMillin 2014). Therefore, this group of reformers created the New York City House of Refuge in 1825, which was the first juvenile institution created to help reduce delinquency (McMillin 2014). Shortly after the first house of refuge was founded, many other houses formed in other big cities throughout the States. Children characterized as delinquent, dependent (without parents or guardians to care for them) delinquent, and neglected (poor or come from abusive households) made up the population at these houses of refuge (Bright 2007). The bulk of individuals in the houses of refuge were actually immigrant children. There were also houses of refuge specifically for colored juvenile delinquents (Krisberg 2018).

These institutions aimed to provide children with appropriate moral and mental education through a strict daily schedule, respect for authority, and labor reform (McMillin 2014). The *Ex Parte Crouse* case in 1838 set the stage for the courts argument against the right of due process for juveniles. This case demonstrated the court's official legal power to intervene and take control of juveniles who experience abuse/neglect at home (Krisberg 2018). This power of "parental control by the state" is known as *parens patriae* (McMillin 2014). Due to the establishment of *parens patriae*, juveniles did not have the right to due process because they were not considered to be on trial since the state had custody of them (McMillin 2014, Krisberg 2018). The authorities in the houses

of refuge used corporal punishment on the juveniles that included abusive punishment and solitary confinement (Krisberg 2018). Regardless of the apparent violence that was present in the houses of refuge, many people felt that these institutions were successful.

This sparked an increase in additional juvenile institutions that focused on the prevention of delinquency (Krisberg 2018). After the Civil War, for example, a group of progressive reformers called the Child Savers united to create new ways to prevent juveniles from becoming delinquent (Chavez-Garcia 2007). They created places where children could get food, clothing, shelter, and job opportunities. The Child Savers also introduced the *placing out system* as a way to steer urban kids away from criminal activity. These children could live with farm families in the West and benefit from economic opportunities like learning farm labor. However, this system had some disadvantages: Juveniles felt isolated from their families, and they were subject to tough labor conditions.

The Child Savers also established a new probation system as an alternative to confining juveniles. Juveniles were assigned a state agent who would watch over them during the court process. They could be granted probation and were expected to demonstrate appropriate behavior in the future.

Girls and African American children had unique experiences with institutionalization. The juvenile justice system was notorious for preventing girls from engaging in sexual behavior and punishing them for it (Bright 2007). According to Bright (2007), multiple studies representing Chicago, Milwaukee, San Francisco, and New Haven clearly indicate the juvenile justice system's persistent practice of charging girls with a status offense for participating in sexual behavior and charging them with

mandatory commitments to reformatories. On the other hand, more often than not, boys charged with criminal offenses were released on probation (Bright 2007). More inequality is represented for the African American children in the South and West. Racism was very much alive after the war and a new form of slavery existed through the brutal effects of the Black Codes. Poor ex-slaves were subject to compulsory work in railroad, mining, and manufacturing companies that was severely regulated under the convict lease system (Krisberg 2018).

As poverty, industrialization, and immigration increased, so did juvenile delinquency. The state and local governments responded by controlling the current juvenile prisons by turning them into reform schools. Almost every state outside the South had its own reform school that was maintained by the state government (Krisberg 2018). However, high costs of the Civil War caused reform schools to be poorly funded by the states. In order to make up for the necessary costs required for the schools, officials resorted to the contract labor system. This system was marked by violence and cruel exploitation as juveniles were paid close to nothing to work hard and build goods that could be bought and sold (Krisberg 2018).

Later on, liberal scholars and sociologists like Anthony M. Platt began to criticize the motives of the Child Savers and the government. They felt that the government exploited the juveniles and that the juvenile institutions were failing (Chavez-Garcia 2007). They also believed that the juveniles should have been given the the right of due process (Chavez-Garcia 2007). Platt passionately believed that the formation of separate juvenile institutions was a way for the upper and middle class to protect their capitalistic interests by taking advantage of the lower class and controlling their behavior (Chavez-

Garcia 2007). Platt sheds light on the system's grossly flawed practices of juvenile reform through the use of discrimination against girls, immigrants, and African American children, the subjugation of all juveniles to hard labor for little pay, and the act of distorting the separate classifications of delinquent, dependent, and neglected youth to fit one general category (Chavez-Garcia 2007). Even though juveniles were successfully taken out of dangerous adult prisons, they were still segregated into institutions that prevented them from achieving the appropriate services and treatment that would help change their deviant behavior (Platt 1977, Chavez-Garcia 2007). Other scholars like Robert Mennel and Stephen L. Schlossman spoke out in opposition to Platt's view by reflecting on the development and concept of probation as a way to give juveniles the freedom to embrace their families and commit themselves to a future of good behavior (Chavez-Garcia 2007). Just like Platt, many people began to oppose reform schools and the contract labor system that was instituted in these institutions during the early 1890's (Krisberg 2018).

Problems erupted like discrimination against black juveniles in reform schools, decreased funding for reform schools, and the rising displeasure with the schools failure to adequately rehabilitate and reform juvenile delinquents (Krisberg 2018). Racism caused reform schools to treat African American juveniles differently from white juveniles because they were seen as unable to become rehabilitated (Wagner 2013). Many African American juveniles suffered the horrors of getting thrown into adult jails and lynch mobs (Wagner 2013, Krisberg 2018). Wealthy social reformers and groups like the Chicago Bar Association promoted a movement to establish the first juvenile court (Krisberg 2018). In 1899, the first juvenile court was established in Illinois through

the Juvenile Court Act (McMillin, 2014). The juvenile court had jurisdiction over juveniles 18 and under (children under 12 could not be institutionalized) that violated a local or state law, status offenses (truancy), and juveniles who experienced inadequate parental care (Bilchik 1999, McMillin 2014). More juvenile courts spread to 48 of the States and used treatment options like probation, institutionalization, and foster homes and orphanages for cases involving dependent or neglected youth (Bilchik 1999, McMillin 2014). Even though juvenile courts at this time aimed to focus on rehabilitation efforts rather than punishment, many juveniles were locked away without access to appropriate treatment programs (Krisberg 2018). McMillin (2014) reveals the consequence of *parens patriae* and the denial of due process in juvenile courts, “In addition to the procedural deficiencies, juvenile courts in many states were not subject to appellate review and few records of their proceedings were kept...the juvenile justice system went unchecked for decades.” Courts became bombarded with piles and piles of cases, leading to the courts difficulty in distributing high quality treatment to individuals with differing needs (Krisberg 2018).

Early 1900s

Even though social scientists in the early 1900s recognized a link between poverty and crime, psychological and biological justifications of criminal behavior were granted overwhelming priority at first (Krisberg 2018). Then scientists and other experts began to realize that delinquency was a multidimensional phenomenon. After psychiatry and psychology became prominent, the 1930's marked the expansion of research in criminology, sociology, and social work that helped shed light on the influence of social and economic factors on juvenile delinquency (Krisberg 2018). Racial superiority and discrimination was justified through IQ testing in some states. California was known for using IQ testing to determine whether or not delinquent juveniles could become "cured" through special training to help them be model citizens (Chavez-Garcia 2012, Nadolny 2013). However, Mexican and African American juveniles were constantly labeled as being mentally deficient/incapable of being rehabilitated by the state. Due to this label, Mexican and African American delinquents either faced sterilization procedures or sexual/physical abuse in institutions (Chavez-Garcia 2012, Nadolny 2013). Most likely, the reason why African American youth struggled with IQ testing could be traced back to the use of the combination of slavery, racism, poverty, and differential treatment of black juvenile delinquents even after slavery was outlawed through the convict lease system (basically slavery). Mexican immigrants most likely struggled with IQ testing due to language barriers and poverty as well.

The implementation of tackling juvenile delinquency with community-based programs started with the Chicago Area Project. This project reflected the social ecological approach to delinquency by drawing attention to social disorganization

involved in the shift from traditional society to modern society. More specifically, immigrants and African Americans throughout Chicago communities greatly suffered from unemployment from the Great Depression and responded with violence in urban ghetto riots (Krisberg 2018). The Chicago Area Project staff trained members of these communities to organize local welfare programs using money raised by a board of directors through the project. These community leaders were able to create programs associated with improving schools, recreation, traffic safety, sanitation, and law enforcement (Krisberg 2018).

There were mixed reactions about the success/failure of the Chicago Area Project. Even though it set the stage for future community-based delinquency prevention methods, the idea of “local leadership” from the project quickly disappeared as wealthy white individuals with the power to determine policy efforts to prevent juvenile delinquency dominated the staffs of similar social service agencies (Krisberg 2018). Instead of decreasing poverty and discrimination/racism in the workplace, schools, and housing, these social service agencies reinforced a culture of poverty in ghettos (Krisberg 2018). Instead of helping the people in inner cities get the proper education and training needed to become part of these agencies, the existing agency personnel advised them to not deviate from their self-fulfilling prophecy (Krisberg 2018). This situation represents increased attempts of the upper class to control the lives of the minorities, poor, and delinquent. The growth of these “detached worker” programs were used by social service agencies to try to create positive outcomes through direct intervention into the African American and Latino community juvenile gang atmosphere (Krisberg 2018). These workers aimed to stir gang members away from the criminal

lifestyle by giving them employment opportunities, however this method was unsuccessful as the workers only succeeded in breaking up the gangs by acting as police informants (Krisberg 2018).

In the 1960s, attempts to respond to growing economic and social disadvantages in cities were commanded by liberal groups who advocated for the government programs directed at decreasing poverty and delinquency (Krisberg 2018). The Mobilization for Youth developed to assist both the African American and Puerto Rican population living in a specific part of New York City with elevated levels of delinquency and unemployment. This project emphasized on giving impoverished juveniles the necessary funds, resources and opportunities to succeed through work training, education, community organization, and family/ individual services (Schlossman and Welsh 2015). The Mobilization for Youth became so passionately involved with protesting on behalf of these underprivileged youth that the New York City officials quickly interfered and discouraged the projects by labeling the project staff as advocates of communism (Krisberg 2018). Other social welfare projects were created to help prevent juvenile delinquency like the Harlem Youth Opportunities Unlimited (Schlossman and Welsh 2015). In the early 1970's, the Mobilization for Youth, Harlem Youth Opportunities Unlimited, and many other related projects were actually funded by the federal Office of Juvenile Delinquency (Krisberg 2018). The Youth Service Bureau attempted to integrate program collaboration between communities and welfare agencies in order to stress the importance of providing social services to troubled juveniles instead of bringing them into the criminal justice system (Krisberg 2018). However, this system was not very

successful due to control issues and limited funding (Krisberg 2018). A move toward new treatment methods in community-based corrections developed.

Juvenile institutions tried to implement their own “community-based” approaches within corrections facilities. Institutional group therapy and behavior modifications programs were introduced to juvenile inmates, although most research studies claimed that these new techniques had no significant influence on decreasing crime among juveniles (Krisberg 2018). In response to this failure, the idea of promoting rehabilitation services outside of traditional correctional facilities became increasingly popular. This idea aimed to decrease the amount of juveniles who are committed to correctional facilities, as well as reduce the cost of institutionalization (Krisberg 2018). Treatment methods like group homes, partial release programs, halfway houses, and parole and probation programs were initiated (Krisberg 2018). Massachusetts initiated the deinstitutionalization of juvenile status offenders (Krisberg 2018). During this era of deinstitutionalization, landmark cases in the court system became the central focus in reshaping the constitutional basis of the juvenile justice system (Krisberg 2018).

The 1960’s were known for the many “landmark cases” that recognized the need for legal protections for juveniles and important new legislation passed by Congress that marked the transformation of juvenile courts to incorporate the rights and procedures of adult criminal courts (Krisberg 2018). Numerous legal scholars also advocated that the juvenile justice system needed better treatment resources like court staff and facilities (Krisberg 2018). In 1966, *Kent v. United States* constituted that juvenile offenders are authorized to have the right of due process of law just like adults but in the juvenile court (Bilchik 1999). In 1967, *In re Gault* threw out the the concept of *parens patriae* and

claimed that in situations where juveniles are participating in a hearing that determine whether or not they end up in an institution should have the right to notice and counsel, to question witnesses, and protection against self-incrimination (Bilchik 1999). 1970 marked the *In re Winship* case which declared that the standard of juvenile court guilt is “proof beyond a reasonable doubt” (Bilchik 1999). Also during the 1970s, the diversion movement developed (Krisberg 2018). This development was created to try to keep juveniles out of the juvenile justice system as much as possible (Krisberg 2018). Diversion was intended as a way to help youth turn their life around and create a better future for themselves (Krisberg 2018). In 1974, Congress approved the Juvenile Justice and Delinquency Prevention Act, which obligated the juvenile courts to deal with status offenses outside of the court (Bilchik 1999). Moving into the 1980s, although there was a “jail and lockup removal” mandates that restricted juveniles from being locked up in adult prisons, the juvenile court was given the power to pursue an “automatic waiver” for juveniles involved in felonies or being tried for a felony (Bilchik 1999).

Even though the juvenile court system began to mirror the nature of the adult criminal court, both Congress and the Supreme Court made sure to specify significant distinctions between the two. No juvenile could be sentenced to capital punishment before age 18 according to *Roper v. Simmons* (Bilchik 1999). According to Bilchik (1999), *Jackson v. Hobbs* (2012) clarified that the life without parole sentence is deemed a violation of the 8th amendment for all juveniles found guilty of any crime. In order to safeguard a child’s right of Miranda warning protection, *J.B.D v. North Carolina* (2011) ensured that the juveniles age and lack of maturity need to be considered when a decision is made regarding whether or not the child was in custody or not (Bilchik 1999). Along

with protections against sexual abuse and mental illness discrimination, the Civil Rights Institutionalized Persons Act gave the US Justice Department Civil Rights Division the power to investigate juvenile and adult institutions for instances of abuse, violence, denial of important services (Krisberg 2018). The investigation of the California Department of Corrections and Rehabilitation in 2005 exposes many deficiencies regarding timely and adequate medical treatment to prisoners (Krisberg 2018). The level of care was so horrible that 34 patients passed away in this facility (Krisberg 2018). This led to a decision in *Brown v. Plata* (2011) to require a court-mandated limit on prison population in order to protect individuals from cruel and unusual punishment (Krisberg 2018). The intended goal of the investigators was to figure out which facilities were liable and actively reach out to them and apply various reforms (Bilchik 1999). After the proliferation of consecutive social reforms, a force of conservatism struck back (Bilchik 1999).

In response to a supposed overly tolerant treatment of dangerously violent juveniles offenders and the belief that serious juvenile crime was intensifying, federal and state policy teamed up to increase juvenile prosecution and confinement. However, scholars and policymakers were wrong in their predictions of future juvenile violent crime. Since crime rose in the 70s and 80s, they assumed that there would be a rising epidemic of juvenile “super-predators and crack babies” in the 90’s and beyond (Bilchik 1999, Krisberg 2018). During the “get tough era” the Reagan administration employed conservative policies of deterrence and punishment intended to ramp up police intelligence programs, increase the amount of incarcerated juveniles, and propose more severe punishments (Krisberg 2018). Tom Ridge, ex Pennsylvania Governor and the

first United States Director of Homeland Security, announces a statement highlights the get-tough approach in his farewell speech, “We passed more than a dozen new laws...and we redefined the mission of the juvenile justice system, to protect the community, not just the criminal” (Ridge 2001, Schlossman and Welsh 2015).

However, according to newer research, Schlossman and Welsh (2015) claim that even within a few years the rate of juveniles referred to adult prisons increased by about 48%, there was a 41% drop in the rate of juveniles who were sent to juvenile prisons. Preventive tactics for reducing delinquency were frowned upon at first. Although there was a provision in the Juvenile Justice and Delinquency Prevention Act (JJDP Act) intended for funding for delinquency prevention programs, counties and states could not request to use federal funding for prevention programs, therefore the grants were typically used for enforcement and punishment spending. The Violent Crime Control and Law Enforcement Act allotted some money to prevention initiatives. but most of the money went to already established programs, and even more money was devoted to increased use of the death penalty (which is very expensive), hiring more police officers, and building new prisons (Schlossman and Welsh 2015). The fact that the Reagan administration resisted funding the state community prevention grants called for in Title V of the 1992 JJDP Act illustrates the punitive philosophy of this period (Schlossman and Welsh 2015).

While Schlossman and Welsh (2015) contend that toughness was not the only strategy during the Reagan presidency, they recognize that a considerable amount of evidence-based treatment initiatives were also used. For example, during the 1990s Communities That Care was based off of similar evidence-based community prevention

programs in the past. This new project consists of community partnerships with leaders, parents, and social services present in the community (Schlossman and Welsh 2015). The goal was to build close bonds within the community to help create specific prevention programs that would benefit that particular community the most, whether it be centered around reducing juvenile access to illegal drugs or helping to decrease the chances of family conflict or school dropout rates (Schlossman and Welsh 2015). Specifically, evidence-based services and programs focused on school management, parental training, and tutoring were offered as options for communities in need (Schlossman and Welsh 2015). Schlossman and Welsh indicate that specific states like Pennsylvania and Washington supported both federal and state funding for juvenile delinquency prevention programs. As a result of more punitive laws that allowed more ease regarding transferring delinquent youth to adult prisons, no state really had a huge increase in juvenile prisons (Schlossman and Welsh 2015). Several states established rehabilitative treatment programs during the 1990's, and more states did so in the next decade (Schlossman and Welsh 2015).

Many states began to quickly show massive declines in both juvenile and adult prisons (Krisberg 2018). According to Krisberg (2018), the government did not put the money they saved from reducing juvenile imprisonment toward preventative efforts like funding for better education and helping juvenile secure employment opportunities. He claims that the government instead made cuts on community-based programs and used the money to benefit their own salaries (Krisberg 2018). On the other hand, Schlossman and Welsh (2015) cite instances in which some states organized preventive programs and implemented research for future plans of prevention based on scientific evidence even

during the get-tough era. As a result of the research done by the Washington State Institute for Public Policy (a branch of the state legislature), two new crime prevention programs known as Functional Family Therapy and Aggression Replacement Therapy were initiated. Along with both of these came more state funded programs in the 2000s that focused on early childhood education for impoverished youths and community and at home treatments for violent youth delinquents (Schlossman and Welsh 2015).

The Juvenile Justice System Today

Even though the juvenile justice system mirrors the criminal justice system in many ways, it has its unique characteristics. The juvenile justice system today involves both similar and different structural standards regarding age and criminal justice transfer (Bilchik 1999, Krisberg 2018). States are distinguished by precise age boundaries that represent the jurisdiction of the juvenile justice system (Krisberg 2018). The usual maximum age stops at 17 for most states, while some use 16, and some even have a maximum ages set at 21 and 25 for youths who are already in the system (Krisberg 2018). The typical minimum age limit is 10 years and older, while some states have limits set at 8,7, and even 6 years of age (Krisberg 2018).

According to Bilchik (1999) in the Office of Juvenile Justice and Delinquency Prevention bulletin, judicial waiver was the most commonly applied arrangement made for transferring juveniles to the adult system up until the 1970s. State laws were passed that mandated judicial review hearings in juvenile courts to correctly assess the circumstances concerning the transfer of juveniles arrested before age 16 (Krisberg 2018). Depending on the state, judicial waivers are even applied to specific cases that involve firearm/weapon offenses and juveniles who lacked appropriate cooperation and reception to rehabilitation tactics (Bilchik 1999). Throughout the 1980s and 1990s, the trend of automatic/mandatory transfer laws and prosecutorial discretion laws became increasingly popular due to the societal concern for an alleged rise in violent juvenile crime in the late 90s and throughout the 2000s (Mulvey and Schubert 2012). This meant that prosecutors could bypass the judicial review hearings and directly transfer a juvenile to the adult criminal court based on their own personal decision (Krisberg

2018). Mandatory transfer laws rely on statutory exclusion categories that single out groups of juvenile offenders guilty of murder and other severe and violent felonies (Krisberg 2018). Once adult/always adult transfer laws are usually combined with mandatory laws and require juveniles who were prosecuted in the adult system in the past to always be tried as an adult (Bilchik 1999). Additionally, blended sentencing gives juveniles special protections through the juvenile system as long as they show behavioral improvement (Krisberg 2018). However, if juveniles commit additional crimes in the future or violate a dispositional condition, they are subject to stricter sentences given to adults (Krisberg 2018).

Unlike the criminal justice system, the juvenile system deals with the twofold role of managing juveniles who could potentially be tried as adults and juveniles who are constitutionally protected based on their status as neglected, abused, and dependent. In order to deal with the trickiness, judges combine both categories of the juvenile justice system to meet the individual needs of the juveniles in a case-by-case process (Krisberg 2018). Other exclusive mechanisms of the juvenile justice system involve themes of supportive treatment and proactive methods of reducing juvenile delinquent behavior. Common proactive methods like educational prevention programs like DARE (Drug Abuse Resistance Education Program) and other prevention-based services like counseling and recreation programs are available (Krisberg 2018). The underlying purpose of the juvenile justice system encompasses three operational components that stress the idea of reforming deviant behavior: rehabilitation, reintegration into community/social life, and social/community driven prevention practices (Bilchik 1999). Special law enforcement units are used for juvenile offenders specifically and

there are limits put in place that guard the public display of information regarding juvenile crime (Bilchik 1999). The juvenile court is usually in charge of determining whether or not a case should be filed by evaluating social and legal elements of the case (Bilchik 1999). Diversion tends to be the dominant route of enforcement procedure through the use of parental and community leadership and authority (Krisberg 2018). Restitution opportunities like community service and counseling are popular sentences distributed by juvenile courts (Krisberg 2018). Detention is the obvious function for separating criminals from the rest of society based on protection in both justice systems; however, the juvenile justice system also uses detention to separate juveniles from societal threats like their own family situation (Bilchik 1999). Similarly, Bilchik (1999) explains that during juvenile justice court sentencing, the judge gives added weight to the youth's personal and social elements when deciding a sentence, along with offense seriousness and history. Also, a special feature of sentencing in the juvenile court reflects the existence of sentencing orders that are meant for individuals in the juvenile's life like their parents for example (Bilchik 1999). Lastly, the right to trial by jury is not a universal state liberty for juvenile offenders (Bilchik 1999).

The juvenile justice system involves a variety of outcomes for juveniles involved in delinquency. Law enforcement specifically state and local police are the top referral agent. Social services, schools, and parents/guardians engage in about 14% of juvenile justice system referrals. Many people believe that the incorporation of suspensions and expulsions stemming from zero tolerance practices in schools are contributing to upsurges in school referrals to the juvenile justice system. Krisberg (2018) reveals that

juveniles of color and youth with learning disabilities are excessively punished due to the policies associated with the school to jail pipeline notion.

The common practice of disposition for juveniles is diversion and probation (Krisberg 2018). Today, a new method of diversion involves juvenile assessment centers. In the situation of certain offenses that do not require arrest of the juvenile, a police officer has the option of bringing a juvenile to a juvenile assessment center where he or she can be evaluated for the most suitable community-based treatment/service for them specifically. The decisions that police officers make concerning arrest or release vary depending on the situation and race/social class elements. For example, police are more likely to arrest a child who is mouthy and aggressive. If a police officer believes that one's parents have a good reputation or the officer has knowledge that the child's parents are home then he or she will be more apt to release the child. However, Krisberg (2015) mentions that there is difficulty to confirm a fully precise representation of these decisions due to their subjective and inconsistent nature.

About a half of the cases in the juvenile justice court are initially classified as delinquent during intake, 20% are automatically dismissed, and 25% are resemble a variety of alternatives like restitution, community service, and probation, and outside placement homes. Even though at first juvenile might be filed for a delinquency petition, a majority of the time the juvenile is sentenced with probation.

Over the years, there have been decreases in the amount of juveniles arrested for violent crimes, as probation violations and drug offenses represent the bulk of arrests (Nellis, 2016). In 2015, 4,493 juveniles were held in adult prisons and in 2013, 35,246 juveniles were held in juvenile prisons (Nellis, 2016). African American male teens (15

and older) are locked up in detention facilities more frequently than their white counterparts, even when both parties committed the same crime (Tamis and Fuller 2016). Evidence reveals that in some states, African American juveniles who committed a homicide offense were more likely to be transferred to the adult justice system than white juveniles who also committed a homicide offense (Krisberg 2018).

Although female detention rates have increased sporadically over the years, these rates are still significantly lower than males (Krisberg 2018). Today, fewer juveniles are sent to detention facilities, leaving room for the more threatening juveniles (Krisberg 2018). Unfortunately, some less serious juvenile offenders are still being placed in the same areas as serious/violent youth. The continued practice of transferring juveniles into adult jails and separating them from family and social life creates many harmful disruptions for juveniles (Mulvey and Schubert 2012, Krisberg 2018). Mulvey and Schubert (2012) state that even though some juveniles who were transferred to adult jails were not confined for a long time and were released in early adulthood, the effects of adult jails on juvenile social and mental development were noticeably detrimental. They discuss the toxic combination of interacting with disreputable peers, developing an unhealthy self-identity, and missing out on important steps for future life planning (Mulvey and Schubert 2012). Mulvey and Schubert (2012) also indicate that youth who are transferred to adult jails have increased risks of inmate sexual victimization, solitary confinement, and physical abuse by staff. Additionally, juvenile inmates in both types of jails receive inadequate medical, behavioral, and mental health services (Krisberg 2018). Krisberg (2018) adds that in some cases, juveniles tend to have more behavioral issues while in adult jail, which contributes to longer sentences and solitary confinement.

The historical process of the juvenile justice system is marked by series of negative and positive experiences regarding the treatment of minority, poor, neglected, and delinquent children. The functions and practices of the juvenile justice are reflected through the intersection of race, gender, and social status. There has been constant controversy throughout the years between the methods of institutionalization and deinstitutionalization of juveniles involved in delinquent acts. The push for deterrence and punishment has always been countered with the push for preventive and community-based approaches to juvenile violence and misconduct. Once a juvenile is transferred to the criminal justice system there is a high potential for stigma to follow the juvenile around the rest of their life, since judges can make could easily make judge the juvenile for being a serious and violent offender. Laws still vary statewide regarding the decision to send a juvenile to an adult jail (Krisberg 2018). Juvenile courts display their own discretion to send juveniles to the criminal justice system (Krisberg 2018). There is no set standard as these decisions vary based on offense severity, offense history, age, victim-offender relationships and unfortunately race (Krisberg 2018). Minority youth still struggle with racial inequality in disparities regarding legal representation and transfer to the adult court system (Krisberg 2003, Krisberg 2018). The potential to receive tougher punishment is a potential risk once minority youth undergo transfer (Nellis 2016).

Chapter 3: Mental Illness and Juvenile Crime: Depression

It is important to note that a majority of juveniles who undergo mental illness are not responsible for committing serious crime. However, there is still a significant minority of juveniles with mental illness who have been arrested for engaging in serious and violent crimes (Grisso 2008). Specifically, the prevalence of mental illness is higher among juveniles in pre-trial detention centers and correctional facilities compared to the prevalence of mental illness among delinquent juveniles in the community (Grisso 1999). About 65-70% of juveniles involved in the juvenile justice system are characterized as having at least one mental illness (White 2015). While 15-25% of the delinquent juveniles among the general population (not including juveniles detained in pretrial detention centers and correctional facilities) also have a mental illness as well (Grisso 2008). I have chosen to research the affect of mental illness on juvenile violent crime for a variety of reasons. First being that there is a lot more research regarding mental illness and adult crime so I think it is important to focus more attention to juveniles. Also, a majority of the studies on mental illness and juvenile crime only acknowledge juveniles who have been arrested and detained. It is essential to focus on delinquent juveniles in the community because only a small fraction of juveniles actually end up getting incarcerated (Coker 2014). Additionally, it is essential to learn more about improved approaches to detecting and treating juvenile mental illness since this will aid in preventing juvenile delinquency and recidivism. Lastly, mental illness among the youth population is very difficult to diagnose as the signs and symptoms are subject to a magnitude of change throughout youth growth and development.

There are certain types of mental illnesses that especially contribute to juvenile delinquency. Specifically, Ryan & Redding (2004) state that there is a lack of research on juvenile mood disorders. About 8% of adolescents that make up the general adolescent population have depression. Using self-administered questioners, a study of 1,024 jailed juveniles indicated a 25% rate of moderate depression and a 22% rate of serious depression (Ryan & Redding 2004). Ryan & Redding (2004) also reveal that mood disorders, including depression, tend to be under-diagnosed and undertreated, as 70-80% of all juveniles with depression do not get necessary treatment. Grisso (1999) explains how depression (which is considered a mood disorder) among juveniles usually evolves over time as the juvenile reaches different life stages of development. Grisso (1999) describes a situation where a 15-year-old boy who had suffered from serious depression beginning at a young age ended up murdering his girlfriend after she had spent time with another boy. His depression had initially stemmed from the improper treatment and rejection of his parents and peers, as his father abused him and his friends had bullied him (Grisso 1999). Then, as the years went on, the boy experienced puberty and went through a phase of needing control over others so he would fight anyone who crossed his friends (Grisso 1999). Later on, the teen turned to alcohol abuse to escape his depressive feelings (Grisso 1999). At last, his depression came out in full form when he murdered his girlfriend after learning that she had went on a date with another boy (Grisso 1999). This case study reveals how the young boy's illness remained an underlying problem as he experienced different life events. As juvenile mental illness is known to be very active in nature, researchers claim that they are difficult to detect and categorize (Grisso 1999).

Depression negatively affects one's capability of functioning normally in all areas of life. For example, Ryan and Redding (2004) comment on this negative influence, "Depression can...distort information processing in ways that can make a juvenile more vulnerable to engaging in delinquent behavior." Depression among juveniles is reflected through anger and aggression (Grisso 1999). The typical emotional symptoms associated with depression are irritability, anger, and impulsive behavior (Grisso 2008). Juvenile offenders that experience depression also express hopeless and pessimistic feelings, which cause them to make poor decisions without weighing the consequences first (Ryan and Redding 2004). Grisso (2008) states that juveniles with depression often have short-temperers that can often lead to aggressive encounters/actions, which can unfortunately lead to arrests and convictions. Adolescents that suffer from depression are more vulnerable to peer pressure and negative interpretations during social interactions, and therefore react with increased aggression (Ryan and Redding 2004). Overall, juveniles with poor parental bonds, negative relationships with friends, and who are abuse victims are more likely to get depression, which increases the likelihood of being involved in the juvenile justice system (Ryan & Redding 2004). Research indicates that about 10-25% of juveniles within juvenile institutions have been diagnosed with depression (Grisso 2008). Depression is sometimes present among other mental illnesses and behavioral issues like substance abuse.

Comorbidity, which is the "simultaneous presence of two chronic diseases or conditions in a patient," is especially significant among aggressive juveniles in correctional facilities (Drugabuse.gov, Grisso 2008). Grisso (2008) reveals that two thirds of juveniles in correctional facilities that are characterized as mentally ill have two

or more illnesses. The combination of two or more mental illnesses is correlated with the increased possibility of displaying aggressive tendencies (Grisso 2008). According to a study, the simultaneous presence of depression and substance abuse had a very significant influence on juveniles, who had later been involved in violent crime in the future (Grisso 2008). Grisso (2008) also adds that juveniles who suffer from chronic mental illness, which is being “significantly functionally impaired by the illness for an indefinite period of time,” have a higher likelihood of committing crime. About 10% of juveniles with mental illness who are detained suffer from a chronic mental illness (Grisso 2008). Juvenile depression was also studied in among juveniles in the general United States population.

A study that compared juveniles from Belgium to juveniles in the United States consisted of 3 sample groups, non-arrested non-offender juveniles, non-arrested juvenile offenders, and arrested juvenile offenders (Vermeiren et al. 2004). This study found that in both countries, the prevalence of depression and antisocial behavior was the highest for arrested juvenile offenders, while non-arrested juvenile offenders were the next highest group (Vermeiren et al. 2004). Coker (2014) used the National Comorbidity Survey-Adolescent Supplement survey to examine the relationship between particular mental illnesses and self-reported crime committed by juveniles between the ages of 13-17 (Coker 2014). The unique aspect of this survey is that it includes both juveniles who have been arrested for crime and juveniles who have never been arrested. Coker (2014) acknowledges that there is a lack of up to date information regarding the connection between the occurrence of mental illness and violence among the population of juveniles among the community who have not been detained. This study is meaningful because

there is not much known about this rarely studied population of youths. Based on the results, 18.4% of the youths in the survey had engaged in a crime, while 7.3% were actually arrested for it and 10.9% were not arrested. Coker (2014) states that juveniles with certain identified mental illnesses were more likely to get arrested for committing a violent crime compared to the group of youths with no identified mental illness (Coker 2014). About 2.90% of the juveniles in this study were arrested for engaging in a violent crime (Coker 2014). One of the most common mental illnesses identified among the juveniles in this study was depression.

According to Coker (2014), 26.8% of the whole sample had two or more mental illnesses, and the most common illnesses present were social phobia and depression. In conclusion, the more diagnosed mental illnesses present among juveniles, the greater the likelihood was for the juvenile to report being arrested for a violent offense in comparison to juveniles with no diagnosed mental illness (Coker 2014). Similarly, these same results were observed among juveniles who had not been detained (Coker 2014). A limitation to this study is the fact that the analysis did not include the law-abiding juveniles. However, a study conducted in Valencia, Spain included a comparison between juveniles from the general population who were law-abiding and juveniles who were engaged in crime. The most common offenses among the juvenile offender category were violence against one's parents and aggravated robbery (Mestre 2017). Like prior research, this study concluded that emotional instability is a notable factor that tends to cause anger among both law-abiding juveniles and juvenile offenders. On the other hand, this study reiterated that the presence of anger in juvenile offenders typically

foreshadows future feelings of depression and instances of aggressive behavior (Mestre 2017).

According to Chen and Simmons-Morton (2009), there is a lack of longitudinal studies that include non-clinical youth samples in their analysis. They go on to confirm that behavioral problems and depression are prevalent in both clinically based and non-clinically based juvenile populations (Chen and Simmons-Morton 2009). According to a Capaldi's 1991 study, 13% of juvenile boys were identified as having high rates of behavioral issues and signs of depression (Chen and Simmons-Morton 2009). In Buchkin's 2006 study, 6.93% of the adolescent boys and 4.23% of adolescent girls exhibited serious delinquent behavior like physical fights, gang related fights, aggravated assault, and carrying a knife to school (Chen and Simmons-Morton 2009). In addition to gender, it is important to learn more about the intersection of mental illness, juvenile violence, and race.

Researchers indicate that there is a lack of research that focuses on mental illness prevalence and treatment practices among different racial/ethnic groups (White 2015). Specifically, researchers have displayed concerns for the current arrest practices that tend to negatively affect African American youth (White 2015). High rates of incarceration has been evident among the African American and Latin American population, as African American juveniles are 50.8% more likely to be detained and given a tougher sentence, and Latino juveniles are 25.1% compared to White juveniles (White 2015). Research reveals that regardless of the fact that White juveniles with serious mental illness are sometimes rated more severely on behavioral scales, African Americans with

serious mental illness still had increased chances of getting placed in a correctional facility than in a psychiatric hospital (Cohen et al. 1990, White 2015).

According to White (2015), the trend right now resembles increased prosecutorial decisions to incarcerate juveniles who have serious mental illness, substance abuse, and poor parental care due to the perceived notion that these individuals are incurable and/or too dangerous for community alternatives like probation. I believe that there are cases where juveniles should be separated from inadequate guardians at home. Although, deciding to lock juveniles away in jail is not always the proper decision. I believe that juveniles with mental illness should not automatically receive jail time just do to the popular stereotype that these individuals are more violent. However, if we are dealing with serious juvenile criminals with lengthy criminal histories this is a different story. It is important to keep in mind that this study does not specifically include the juvenile's crime and past criminal history, which would have an affect on sentencing decisions. White (2015) consistently acknowledges the fact that there is a disproportionate amount of minority youth with mental illness who are detained in the United States.

Unfortunately, many minority populations do not have the opportunity to receive mental health treatment and services until they are already incarcerated (White 2015). Research shows that African American and Latino youth with mental illness are less likely than White youth with mental illness to get proper mental health services and treatment (White 2015). Since minority juveniles have an increased likelihood to reside in low-income communities, judges frequently sentence minorities to juvenile justice institutions in order to give them access to mental health treatment and services (Rodriguez 2013, White 2015). Whereas, judges tend to send White youth to community

services/treatment because they assume that they have the necessary transportation and wealth (White 2015). This research calls for serious policy recommendations like warranting more affordable mental health services outside of the juvenile justice system to disadvantaged youth in low-income communities. Additionally, informing judges more about the prevalence and nature of mental illness among different ethnic/racial groups is important for ensuring fair sentencing decisions for mentally ill juvenile offenders and deciding if incarceration is truly the best fit.

Mental illness among juveniles is not as frequently studied as mental illness among adults. It is important learn more about the influence of mental illness on violence among juveniles in order to prevent recidivism and protect the public. Additionally, examining more about the correlation between juvenile mental illness and violence will provide valuable information concerning which segments of the population need to be allocated more mental illness preventative and treatment resources. Overall, studies show that rates of depression among non-delinquent youth in the general population is anywhere from .4-8.3% and 7-25% among the population of incarcerated youth. Even though, female youth have higher rates of depression than male youth, males who suffer from depression are still more likely than female's to be involved in hostile interactions and get arrested for violent offenses (Grisso 2008). Furthermore, studies indicate that the combination of depression and substance abuse among juveniles predicts intensified risk of engaging in aggressive behavior and sometimes even violent crime (Grisso 2008, Ryan & Redding 2004). African American and Latin American juveniles are more likely than Whites to not receive access to adequate mental illness treatment and services. Lastly, I wanted to recognize that in some cases, being incarcerated is known to cause depression

in juvenile offenders (Ryan & Redding 2004). Since juveniles are separated from their family and the rest of society, they tend to feel isolated and hopeless because they cannot live a normal life and pursue their goals and desires (Ryan & Redding 2004).

Chapter 4: Juvenile Substance Abuse and Violence

Substance abuse among juveniles is a concerning issue. Everyday, 184 juveniles are referred to a substance abuse treatment facility by the juvenile justice system (drugabuse.gov). Also, think about all the juveniles who have not and are not currently getting the proper substance abuse help they need. Research shows that juveniles who struggle with substance abuse typically suffered from adverse childhood experiences (ACEs) when they were younger (Koh, Peh, Cheok,, & Guo, 2017). For example, it is common for juveniles who have experienced physical, emotional, and/or sexual abuse to misuse substances (drugabuse.gov).

Using substances at an early age tends to be a factor that can increase the chances of juveniles to develop an addiction (drugabuse.gov). According to the statistics from the National Institute on Drug Abuse (2014), about 15% of all individuals who begin drinking at age 14 will end up having issues with alcohol abuse later on in life (drugabuse.gov). Another 25% of individuals who begin using prescription drugs at age 13 will later on have an issue with substance abuse (drugabuse.gov). Lastly, about 13% of individuals who start using marijuana around the age of 14 end up developing a substance abuse problem (drugabuse.gov). According to National Institute on Drug Abuse (2014), about 40% of juveniles as young as twelve years old suffer from alcoholism (drugabuse.gov). Another 65% suffer from marijuana abuse, while 40% suffer from prescription pill addiction (drugabuse.gov). About 8% experience cocaine abuse, and 3% experience heroin addiction (drugabuse.gov). A study of 89 jailed juveniles in the United States revealed that 71% of the offenders had experienced substance abuse (van Dalen, 2001). Likewise, Steiner's (1997) study also indicated that 82% of the 85

juvenile offenders observed were addicted to chemical substances (van Dalen, 2001).

This case study article also recognizes that addiction tends to both complement and cause violent behavior in juveniles (van Dalen, 2001).

A variety of factors can cause juveniles who use substances like alcohol, marijuana, and prescription pills to behave violently. Juveniles who are under the influence are likely to experience symptoms of impaired judgment and a loss of inhibition, which can negatively contribute to violent behavior (Koh, Peh, Cheok,, & Guo, 2017). Additionally, personality, psychological, and environmental factors are also associated with substance abuse and violence (Koh, Peh, Cheok,, & Guo, 2017). A review of juvenile case studies in the United States traces juvenile violence and addiction back to conditions of being a victim of abuse and/or witnessing traumatic violence as a child (van Dalen, 2001). According to van Dalen (2001), the physiological effects of physical abuse causes victims to have a difficult time controlling one's feelings. Therefore, many juvenile victims end up compensating their intense thoughts and traumatic feelings with substances like heroin, cocaine, and alcohol (van Dalen, 2001). However, the scary part is, once these substances wear off, people tend to feel an increased need for more (van Dalen, 2001). Once the cycle of addiction develops, individuals are no longer in control (van Dalen, 2001). The trauma also negatively changes the structure of people's brains, which can trigger violent and aggressive behavior (van Dalen, 2001). The combination of past trauma, disturbed brain functioning, and the inability to control one's actions as a result of abusing substances has the potential to create a recipe for disaster. Universally, there is an established connection between juvenile violence and substance abuse.

A study of school students among grades 7-12 in Ontario, Canada found that the 6-10% of students who had carried a weapon to school were 3-7x more likely than those not carrying a weapon to abuse alcohol (Illie et al., 2017). Among the juveniles who carried a weapon to school and/or engaged in a physical fight with someone/beat someone up, juveniles were 3-6x more likely to abuse marijuana (Illie et al., 2017). A study from Switzerland with a mixed juvenile sample includes individuals from inpatient and outpatient care units, general population, and schools. These three groups of juveniles were compared based on their lifetime use of tobacco, alcohol, cannabis, and any illicit substance (Bolognini et al., 2007). According to this study, the age of first using a substance was a consistent predictor of future substance abuse at juveniles and adults (Bolognini et al., 2007). Just like the above study indicates, juveniles who exhibit violent tendencies are more likely to suffer from substance abuse (Bolognini et al., 2007). Similarly, this study reinforces the pattern that substance abuse among violent offenders accounts for 2x the rate of substance abuse among the non-delinquent group. Furthermore, Bolognini et al (2007) states that the combination of drug and alcohol addiction was more common among the violent and antisocial samples. This study differentiated from the Singapore study regarding substance use at an early age. Members of the violent juvenile group who engaged in substance use at an early age displayed a higher risk of developing substance abuse during adolescent years and even following into adulthood (Bolognini et al., 2007). This study acknowledges the importance of preventing the younger juveniles from experimenting with alcohol and other drugs.

Multiple research studies from the United States also examine the link between substance abuse and violence. A study of 89 jailed juveniles in the United States revealed that 71% of the offenders had experienced substance abuse (van Dalen, 2001). Likewise, Steiner's (1997) study also indicated that 82% of the 85 juvenile offenders observed were addicted to chemical substances (van Dalen, 2001). This case study article also recognizes that addiction tends to both complement and cause violent behavior in juveniles (van Dalen, 2001). Another study involved data from the National Longitudinal Study of Adolescent Health (Add Health), which surveyed juveniles and young adults between the ages of 11-26 (Maldonado-Molina, Reingle, & Jennings, 2011). This study is unlike most because it is more diverse and comprehensive since it used a national representative sample of juveniles. Also, this study is one of the few that has followed early adolescents all the way into their young adult years. Just as most other studies concluded, its hypothesis was correct in claiming that alcohol abuse is a strong predictor of juvenile and young adult serious violence (Maldonado-Molina, Reingle, & Jennings, 2011). This study revealed that a significant amount of white juveniles who used marijuana and abuse alcohol had increased risks of engaging in violent behavior (Maldonado-Molina, Reingle, & Jennings, 2011). Lastly, results of this study indicated that alcohol abuse predicts violence more strongly for white juveniles than for African American juveniles (Maldonado-Molina, Reingle, & Jennings, 2011).

Another comprehensive survey called the National Study on Drug Use and Health sampled juveniles from the United States general population (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). The sample was broken down into 4 subgroups of handgun carriers; low risk, alcohol and marijuana users, fighters, and severe externalizers

(Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). The severe subset includes juveniles who were severe alcohol and marijuana abusers and who engage in all kinds of violent behaviors including carrying a handgun, serious fighting, violent assault, and theft (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). The severe subset represented 12.51% of the whole sample (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). These juveniles were identified as having the highest arrest rate, with about 48% of the subset stating that they had been arrested in the past year (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). About 50% of the juveniles in the severe subset reported that they had carried a handgun 1-2 times in the past year, while 23% stated that they had carried a handgun 10+ times in the past year (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016).

Interestingly enough, this study showed that a significant amount of juveniles in the whole sample were identified as not having a substance abuse and had engaged in a low amount of violence, but still had carried a handgun during the past year (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). This evidence shows that substance abuse may affect certain types of violent behavior and not others. For example, about 15% of the juveniles in the low risk subset reported that they had carried a handgun at least 3-5 times in the past year (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). About 30% of the juveniles in the alcohol and marijuana subset stated that they had been arrested in the past year, while 15% stated that they had carried a handgun at least 3-5 times in the past year (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016). The juveniles in this subset were characterized as using alcohol and marijuana 12-49 days a year to as high as 50-99 days a year (Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis,

2016). However, this represents a very wide range of potential alcohol and marijuana use and abuse. I believe that addiction/abuse would only qualify if the juvenile were using alcohol and/or marijuana somewhere between 50 to 99 days a year. This wide gap is definitely a serious limitation in this study, as it is difficult to determine where to draw the line between moderate substance use and substance abuse. Also, an individual can use a chemical substance periodically, like once a week for example, without abusing the substance.

Another study focused specifically on the co-occurrence of juvenile violence and substance abuse. The Flint Youth Injury Study is a longitudinal study that observed a sample of inner-city juveniles from an emergency center in Flint, Michigan (Stoddard et al., 2015). This study is different because it looks at the occurrence of substance abuse on days that the juveniles were involved in violent encounters (Stoddard et al., 2015). It concluded that aggression and violence were more common reactions on days that the juveniles abused alcohol (Stoddard et al., 2015). When someone drinks a lot of alcohol, they are more likely to view other people's behaviors as more threatening, which can cause violent reactions (Stoddard et al., 2015). Also, the study indicated that aggression and violence were more common reactions on days that the juveniles abused prescription sedatives (Stoddard et al., 2015). Prescription sedatives can cause individuals to lack good decision-making skills, which can lead to violent encounters (Stoddard et al., 2015). Unlike other studies that I have looked at, this one showed that marijuana was not linked to juvenile violence (Stoddard et al., 2015).

Research from multiple studies confirms that juvenile substance abuse plays an active role in triggering violence and aggression. Alcohol seems to be the most potent

substance, when it comes to causing juvenile violence. Research also indicates that victims of childhood abuse are more likely to be vulnerable to substance abuse, and later violent offenders. Many juveniles turn to substances as a way to cope with their inner conflicts. It is important to make sure those juveniles who are both victims of trauma and non-victims to get access to mental health treatment and services in order to prevent the risk of substance abuse.

Chapter 5: The Combination of Depression and Alcohol Abuse

The purpose of this chapter is to introduce my hypothesis for this thesis. After looking at the research surrounding juvenile depression, substance abuse, and violence, I believe that the co-occurrence of depression and alcohol abuse could increase the risk of juvenile violence. There is a lack of research focused on how mental illness and substance abuse affects adolescent violence in the general population, and particularly gun violence. My goal is to try to tighten this research gap and potentially help direct and transform gun policy and policy related to juvenile violence with my research. Additionally, my goal is to discover more about the correlation between juvenile depression, alcohol abuse, and violence in order to help provide more insight on which segments of the population need more mental illness and/or substance abuse preventative programs and treatment services/care.

Depression is sometimes present among juveniles who experience behavioral issues like substance abuse. According to Ryan & Redding (2004) and Grisso (2008), the simultaneous suffering of depression and substance abuse among juveniles had a very significant influence on juveniles who had later been involved in aggressive behavior and violent crime in the future. Based on my prior research in the earlier chapters of this report, I mentioned that juveniles who suffer from depression might turn to alcohol in order to relieve their suffering. According to science, when abused, alcohol can seriously affect an individual's actions and behavior. I hypothesize that in certain situations; alcohol abuse can influence a depressed juvenile to react in a violent way towards another person.

Chapter 3 explains the correlation between violence and depression. This chapter examined the specific symptoms of depression and concluded that depressed individuals often have symptoms of irritability, anger, aggression, and impulsive behavior (Grisso 2008). According to Grisso (2008), juveniles with depression often have short-tempers that can often lead to aggressive encounters/actions, which can unfortunately lead to arrests and convictions.

I found that juveniles diagnosed with depression in multiple studies were arrested for engaging in violent crimes. For example, a comparative study of juveniles from Belgium and the United States revealed similar findings for juveniles. According to Vermeiren et al. (2004), the prevalence of depression and aggressive behavior was the highest for arrested juvenile offenders, while non-arrested juvenile offenders were the next highest group. Similarly, the National Comorbidity Survey-Adolescent Supplement survey shows that among the percentage of juveniles who committed violent crimes and suffered from a mental illness, depression was one of the most common identified illnesses (Coker 2014).

Chapter 4 displays the correlation between drinking and violence. According to Koh, Peh, Cheok, and Guo (2017), youth who abuse alcohol usually have a hard time making the right decision and controlling their actions appropriately, which can negatively lead to violent behavior. Therefore, many juvenile victims end up compensating their intense thoughts and traumatic feelings with substances like alcohol (van Dalen, 2001). For example, a study of Canadian high school students reveals that 6-10% of students who abused alcohol were more likely to carry a weapon to school (Illie et al., 2017). Both the National Longitudinal Study of Adolescent Health (Add Health)

and the National Study on Drug Use and Health both indicated that alcohol abuse represented a significant predictor of juvenile serious violence including handgun carrying, fighting, assault, and theft (Maldonado-Molina, Reingle, & Jennings, 2011, Vaughn, Salas-Wright, Boutwell, Delisi, & Curtis, 2016).

Based on evidence from my earlier chapters, I believe that there will be a significant correlation between juvenile alcohol abuse, depression, and violent behavior among certain subgroups of the juvenile population. Even though research confirms that depression and alcohol abuse alone are known to have a major role in triggering serious and violent behavior among juveniles, it is very likely that the combination of the two will predict even an even higher occurrence of violence.

Chapter 6: Methods

For my data analysis, I used data from Wave 1 of the National Longitudinal Study of Adolescent to Adult Health (Add Health), which involved students in grades 7-12 residing in the United States starting in the 1994-95-school calendar year. In 1994 the students were given an in-school questionnaire, then in 1995, 1996, 2001, 2002, and 2008 the students were interviewed in their homes. In 2008, the student sample was anywhere from 24 years old to 32 years old. This longitudinal study includes in-home interviews, in-school questionnaires, and parent questionnaires. In order to supplement this data, the sample of student's siblings, parents, classmates, school administrators, and even romantic partners were also given questionnaires.

This dataset helped me gather specific information about juvenile experiences with depression, alcohol abuse, and violence through a survey questionnaire. Also, this dataset gave me information regarding my control variables including sex, race, Hispanic origin, urban/rural, ability to pay bills (a proxy for poverty), and maternal relationship. I chose to use this longitudinal study because it includes a variety of crime related variables. Using SPSS, I was able to generate the affect that my independent variables and control variables had on my dependent variables. However, this longitudinal study did not include every variable I was initially looking for. For example, I recoded two variables in order to create the relationship with ones mother (maternal relationship). This variable is the closest representation of a child-parent relationship that I could use.

My two dependent variables are fighting (physical assault) and weapon use. The fighting variable represents a combination of two survey questions. The first asked respondents "In the past 12 months, how often did you get in a serious fight?" As well

as, “In the past 12 months, how often did you hurt someone badly enough to need bandages/care from a doctor or nurse?” The responses are never, 1-2 times, 3-4 times, and 5 or more times. The weapon use variable represents a combination of two survey questions. The first asked respondents, “ In the past 12 months, how often have you pulled a gun or knife on someone?” The responses are never, once, and more than once. As well as, “During the last 30 days, how many days did you carry a gun, knife, or club to school?” The responses are none, 1 day, 2-3 days, 4-5 days, and 6 or more.

Additionally, my two independent variables are alcohol abuse and depression. The alcohol abuse variable represents a combination of two survey questions. The first signified binge drinking as it asked, “In the past 12 months, how many days did you drink 5 or more drinks in a row?” The responses are legitimate skip, never, every day, 3-5 days, 1 or 2 days a week, 2 or 3 days a month, once a month or less, 1 or 2 days in the past 12 months. As well as, “In the past 12 months, how many days were you very drunk from alcohol?” The responses are legitimate skip, never, every day, 3-5 days, 1 or 2 days a week, 2 or 3 days a month, once a month or less, 1 or 2 days in the past 12 months.

Lastly, my control variables include sex, race, Hispanic origin, ability to pay bills (a proxy for poverty) urban/rural, and maternal relationship. I used SPSS to recode my maternal relationship variable using two variables that I thought would best represent a respondent’s relationship to their mother figure. Marital relationship includes the survey question, “How close do you feel to your mom, adopted mom, foster mom, or step mom?” The second question asked respondents, “How much do you think your mom, adopted mom, or step mom cares about you? The responses for these variables include not at all, very little, somewhat, quite a bit, and very much.

The biological sex variable asks if the respondent is a boy or girl. Race of the respondent is measured by the interviewers observation and the possible responses are white, black, American Indian, and Asian. The Hispanic variable asks respondents if they are of Hispanic or Latino origin. Ability to pay the bills resembles a proxy for poverty with the question, “Do you have enough money to pay your bills?” The responses for having enough money to pay your bills are yes and no. The urban/rural variable measures how urban the respondents neighborhood is by asking the question, “How would you describe the immediate area or street where the respondent lives?” The responses include rural, suburban, and urban.

Chapter 7: Results

Table one, OLS Regression for Fighting, reports the results for juveniles who have engaged in a physical fight hurt someone badly. In the main results for this investigation, juveniles who abuse alcohol more severely and those who are more depressed are more likely to use physical violence against someone. Other results show that male juveniles, African American juveniles, and Hispanic juveniles are also more likely to use physical violence against someone. All five of these variables present significance scores of 0.000 or less, which justifies a correlation.

Table two, Logistic Regression for Weapon Use reports results for juveniles who have used a weapon or someone else or carried a weapon to school. In the main results for this investigation, juveniles who abuse alcohol more severely and those who are more depressed are again more likely to use or carry a weapon. Other results show that male juveniles, African American juveniles, and juveniles with a weaker maternal relationship are also more likely to use or carry a weapon. Since the significance score for the maternal relationship variable is 0.000, this reinforces a valid negative relationship between weapon use and martial relationship as the relationship between the respondent and mother figure decreases, weapon carrying and using increases. The other four variables in this table present significance scores of 0.000 or less, which justifies a correlation.

Also, after using an interaction term for alcohol and depression, the results revealed that the combination of alcohol abuse and depression did not produce a greater likelihood of either type of violence. Lastly, it is important to address that results show

that alcohol abuse is a stronger predictor of fighting/physical assault for boys than for girls.

Chap 8: Discussion and Conclusion

My results found that both alcohol abuse and depression predict two types of juvenile violence. This implies that it is important to reduce alcohol abuse and depression among juveniles in order to reduce violence, specifically fighting/physical assault and weapon use. Since male juveniles who abuse alcohol are more likely to engage in fighting and physical assault, future policy should address prevention and reduction of alcohol abuse among boys in order to prevent and reduce violence. Additionally, policy efforts should have an emphasis on reducing alcohol abuse among male juveniles specifically to reduce weapon use. Future research should examine the extent of violence for other mental illnesses and substances other than depression and alcohol.

I strategically chose to just incorporate the maternal relationship variable without the paternal relationship variable since I would have lost about a third of my sample, as a significant amount of respondents stated that they did not live with their father/father figure. My results reveal a significant negative correlation between maternal relationship and weapon use. This suggests that youth respondents are more likely to pull a knife or gun or carry a weapon to school if a weak bond exists between one and their mother figure. Weak social bonding in a family atmosphere is a common adverse childhood experience (ACE) that is connected to chronic offending and juvenile gun use (McKelvey, 2015). This relationship is a key assumption of the social bonding theory of criminology (with emphasis on the family institution in this case), which maintains that individuals with weak and inadequate bonds to society have an increased likelihood of

becoming deviant compared to individuals with strong and stable attachments to society (Chriss, 2007).

Although I didn't focus on victimization in my research, I have learned from my review of prior research on predictors of juvenile gun use and violence that studies show juveniles who experienced community violence, along with a lack of family bonding and support in one's youth and adolescence predicts higher outcomes of depression, anxiety, aggression, and impairments to psychological and social behavioral development (McKelvey 2015). Without focusing on the effects of neighborhood violence on a juvenile, it is important to point out that a lack of family connection and support is associated with psychological trauma, depression, and aggression among youth (McKelvey 2015). This correlation caused me to continue to explore more about the connection between male juveniles and violence.

The importance of gender for violence in my findings led me to reflect on what I have previously learned in psychology and the socialization of men in our society. A documentary called "The Mask You Live In" displays that parents, teachers, and media teach many boys that in order to be a "true man," once must refrain from showing any sign of weakness. Society even has a reputation of demonstrating that boys need to use violence to solve their problems and that "tattle tailing" and being scared or hurt is not usually acceptable. This sense of hyper masculinity that boys are constantly being fed throughout their lives definitely puts a lot of pressure on them since they may feel shameful for feeling pain and asking for help during hard times.

In abnormal psychology, I learned about gender and mental illness. According to psychological studies, men are less likely to reach out for help with depression compared

to women. Also, I am aware that women are more likely to be diagnosed with depression as well as to suffer from it. However, I believe that there could be more men suffering with depression than we realize because they tend to ask for help less often than women. I believe these same situations impacts juvenile boys, as my earlier chapters indicate that depression among young boys is often expressed through anger and aggressive behaviors (Grisso, 2008, Mestre, 2017). Furthermore, according to the documentary, depression among boys is represented through built up negative emotions and aggression once one finally cracks, and not the typical depiction of one sulking with sadness refusing to leave the room or the bed.

Looking at depression alone among juveniles was not my only goal. The results of my interaction term for alcohol abuse and depression made me question my original hypothesis. Even though my hypothesis that depression and alcohol abuse as individual variables would predict violent behavior by adolescents, my additional hypothesis was not supported. According to the interaction term, the combination of alcohol abuse and depression did not produce a greater likelihood of either type of violence in my study. I believed that there would be a significant relationship, since research shows that comorbidity of alcohol abuse and depression is linked to violence among the adult population. I figured that if this is the case for adults, how could it not be the case for juveniles as well?

I did find some research on psychiatric comorbidity among detained and correctional juveniles. The proportion of juveniles with 3 or more mental illnesses represented 16%, however about 54% of these juveniles were previously arrested for violent offenses (Coker, 2014). Additionally, a large portion of juveniles in this group

experienced alcohol and drug abuse (Coker, 2014). However, I had two theories that could possibly help explain why my interaction term results were not significant. The sample size for table one was 4,965 and table two was 4,954, but the actual sample size for the whole survey was 14,000. My samples were smaller because I could only have access to the public access data. There is a possibility that my interaction term results could have been affected. If I had access to more survey respondents there is a chance that the combination of alcohol abuse and depression could predict juvenile violence.

Also, I believe that the initial “carrying a weapon to school” variable could have negatively impacted my weapon use variable and overall results, since this most likely is not a very common occurrence for juveniles. I assumed that this variable would be a suitable representation of juvenile violence, considering that middle school and high school kids should not be carrying a weapon to school in the first place. On the other hand, if they were to carry a weapon to school then this would denote a red flag. Unfortunately, I did not have many weapon use variables to work with in this dataset so I had to make the most of what I had access to. Additionally, I think that this specific variable would have produced better results for adults, considering that violence against woman is at epidemic levels. Also, adults 21 and older have more opportunities to drink considering they are of legal age and can attend drinking establishments where verbal and physical altercations can arise.

Along with the effects of specific variables is the intersectional analysis of race, gender, and sexuality concerning my results. First, I can conclude that African American juvenile respondents were more likely to engage in fighting/physical assault and weapon use based on the results. Similarly, respondents who identified themselves as being

Latino or Hispanic origin have increased chances of using physical violence against someone. These results demonstrate the need to address social conditions that play a role in causing both African Americans and Latinos to commit violent acts. Second, I would have liked to include LGBTQ individuals in my research; however, the survey I used did not ask questions related to non-binary genders and non-heterosexuals until two years ago. I would have preferred to include this commonly under-studied part of the population in my research. Lastly, future research should look into the extent of violence for other mental illnesses and substances other than depression and alcohol, like post-traumatic stress disorder, bipolar disorder, and opioid abuse.

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